

Name
in
Full

Mary Maria Ashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Piney Neck* ^{Town} *Kent* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *Jan* ^{Day} *4* ^{Years} *5* ^{Months} *11* ^{Days} *19*

Sex *Female* Color or Race *White* Birth-place *Piney Neck/Kent*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Marion M. Ashley* Father's Birthplace *Kent Mch*

Mother's Maiden Name *Annie C. Conley* Mother's Birthplace *Phila PA*

Name of person giving information *Marion M. Ashley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

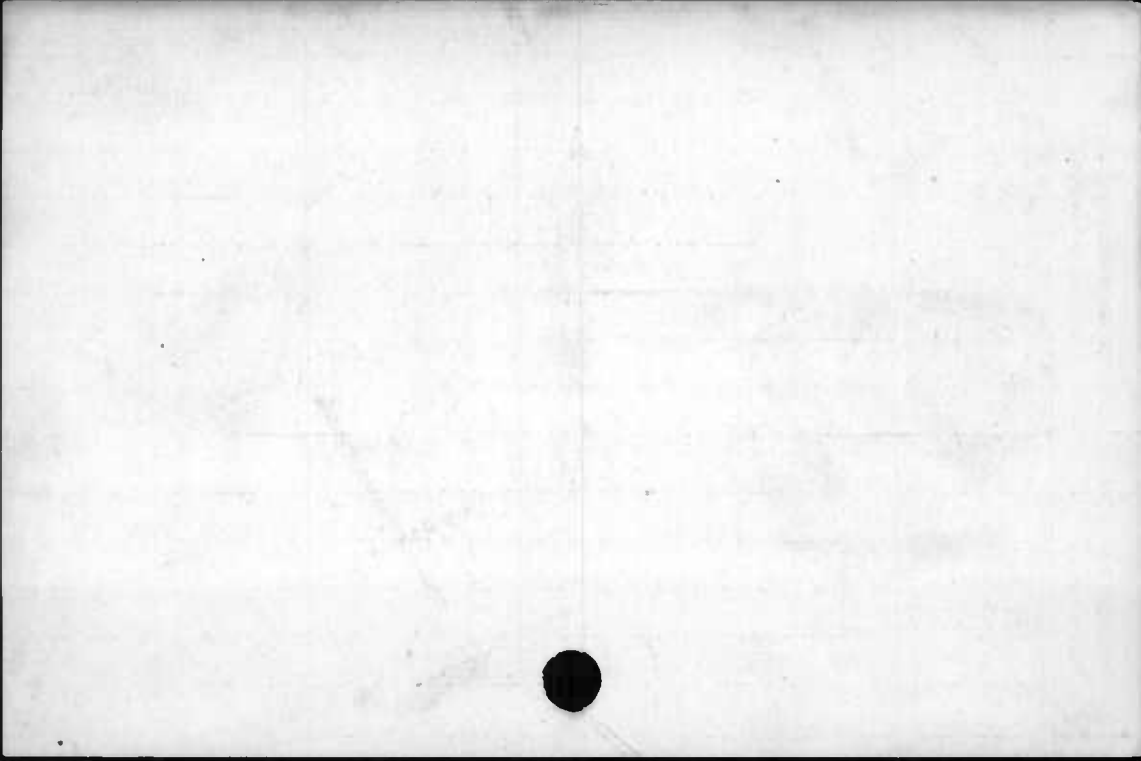
Primary *Nephritis* ^{How long} *two weeks*

Immediate *Chronic convulsions* ^{How long} *Six hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *William R. Beall M.D.*

Address *Rock Hall*

Accident or Suicide? _____



Name in Full		George Rasin Beck				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Chestertown			Kent				
		Date of death	1905	Month	1	Day	11	Age	72
		Sex	Male	Color or Race	White	Birth-place	Kent Co Md	Months	2
		Days	21						
		Occupation	Retired Farmer		Where Residing if not at place of death		Chestertown Md		
		Married, Single or Widowed	Married		Name of Wife or Husband		Aephonzo Parsons		
		Father's Name	James Beck of Geo		Father's Birthplace		Kent Co Md		
		Mother's Maiden Name	Aephonzo Parsons		Mother's Birthplace		Del		
		Name of person giving information	Son. Jas G. Beck		How related to deceased		Son		
CAUSES OF DETH									
PHYSICIAN OR CORONER		Primary		Apoplexy - Paralysis		How long		9 M	
		Immediate		Sudden attack		How long		48 hours	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W Frank H. Wiles	
						Address		Chestertown Md	
		Accident or Suicide?							

Christie Cramer -
John N. Dodd

Name
in
Full

Violay Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chestertown^{County} Kent

Date

of death 1905

Month

January

Day

23rd

Age

Years

1

Months

5

Days

4

Sex

female

Color or
Race

Colored

Birth-
place

Chestertown

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Isaac Chambers

Father's
Birthplace

Chestertown

Mother's
Maiden Name

Ella Brown

Mother's
Birthplace

Chestertown

Name of person giving
information

Father Isaac Chambers

How related
to deceased

Father

CAUSES OF DEATH

Primary

Syphilis

How long

all life

Immediate

" "

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

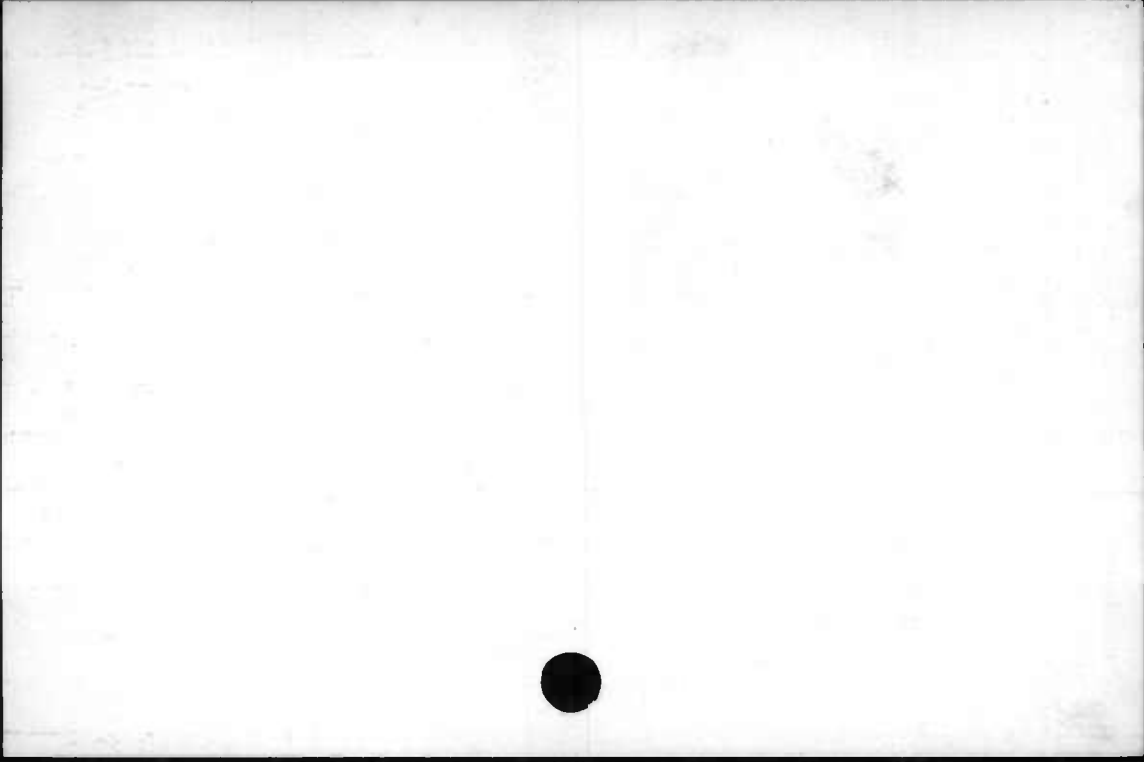
H. B. Simmons

Address

Chestertown
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

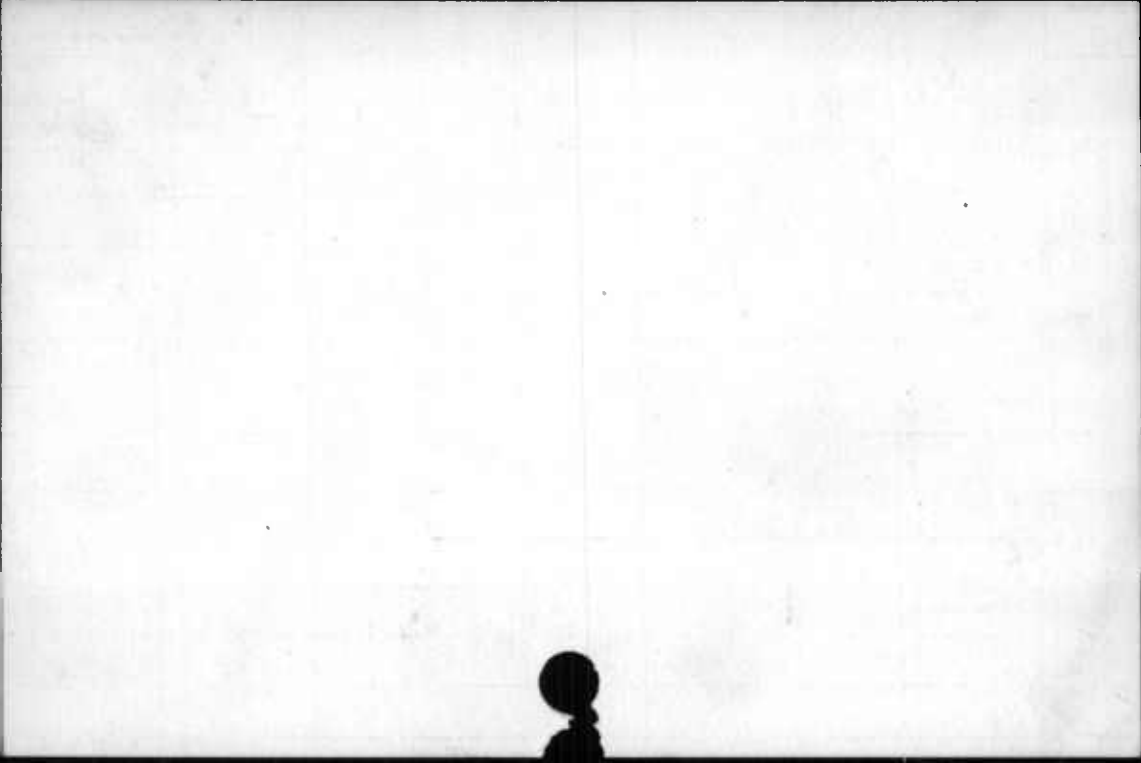
MARYLAND

Name *John Comegey*
Town *Kentford* County *Kent*
Died at
Date of death *1905* Month *July* Day *4* Age *21* Years Months *3* Days *21*
Sex *Male* Color or Race *Colored* Birth-place *Kent Co*
Occupation *Laborer* Where Residing if not at place of death *Kentford Md*
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Geo Comegey* Father's Birthplace *Kent Co*
Mother's Maiden Name *Mary Bowser* Mother's Birthplace *Kent Co*
Name of person giving information *Geo Comegey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 1/2 years*
Immediate *Pulmonary Tuberculosis* How long *1 1/2 years*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *H. Benge Simmons*
Address *Chester town Md*
Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Smithville</u> ^{Town}		<u>Kent</u> ^{County}			
Date of death <u>1905</u>	<u>Jan</u> ^{Month}	<u>31</u> ^{Day}	Age <u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>1</u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing If not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Clarence Crew</u>			Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Nora Myers</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>R</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>one week</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Dr. S. Maxwell</u>
	Address <u>Still Pond, Md.</u>
Accident or Suicide? <u>—</u>	

Still Pond

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>John W. Fowler</i> Town <i>Blutland</i>		County <i>Kent</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>54</i>	Months <i>1</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Kent Co Md</i>	
	Occupation <i>Farmer</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma E. Byford</i>			
	Father's Name <i>Thomas Fowler</i>	Father's Birthplace <i>Kent Co Md</i>			
	Mother's Maiden Name <i>Elizabeth Fowler</i>	Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving In formation <i>Gas Walter Fowler</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary			How long	
	Immediate <i>Paralysis</i>			<i>one week</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>John H. Hesser</i>	
				Address <i>Hanesville Md</i>	
	Accident or Suicide?				

Chester Cemetery
John W. Dodd
Undertaker

Name
in
Full

Charlotte Graves



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownstown</i>		<i>Kent Co</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>9</i>	Age <i>74</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Brownstown</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Edward Graves</i>				
Father's Name <i>Isaac Lee</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Harratt Lee</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Edward Graves</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>3 months</i>
Immediate <i>Uremia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Bond Barrick</i>
	Address <i>Kennedyville Md.</i>
	
	
Accident or Suicide? <i>—</i>	

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Schedrach Harris* Town *Pomona* County *Kent* MARYLAND

Died at *Pomona* Date of death *1905 Jan'y 4th* Age *86* Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birthplace *Kent Co*

Occupation *Laborer* Where Residing if not at place of death *Pomona*

Married, Single or Widowed *Married* Name of Wife or Husband *Floora Harris*

Father's Name *Schedrach Harris* Father's Birthplace *Do not know*

Mother's Maiden Name *Don't know* Mother's Birthplace *" " "*

Name of person giving information *John Barnath* How related to deceased *Friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

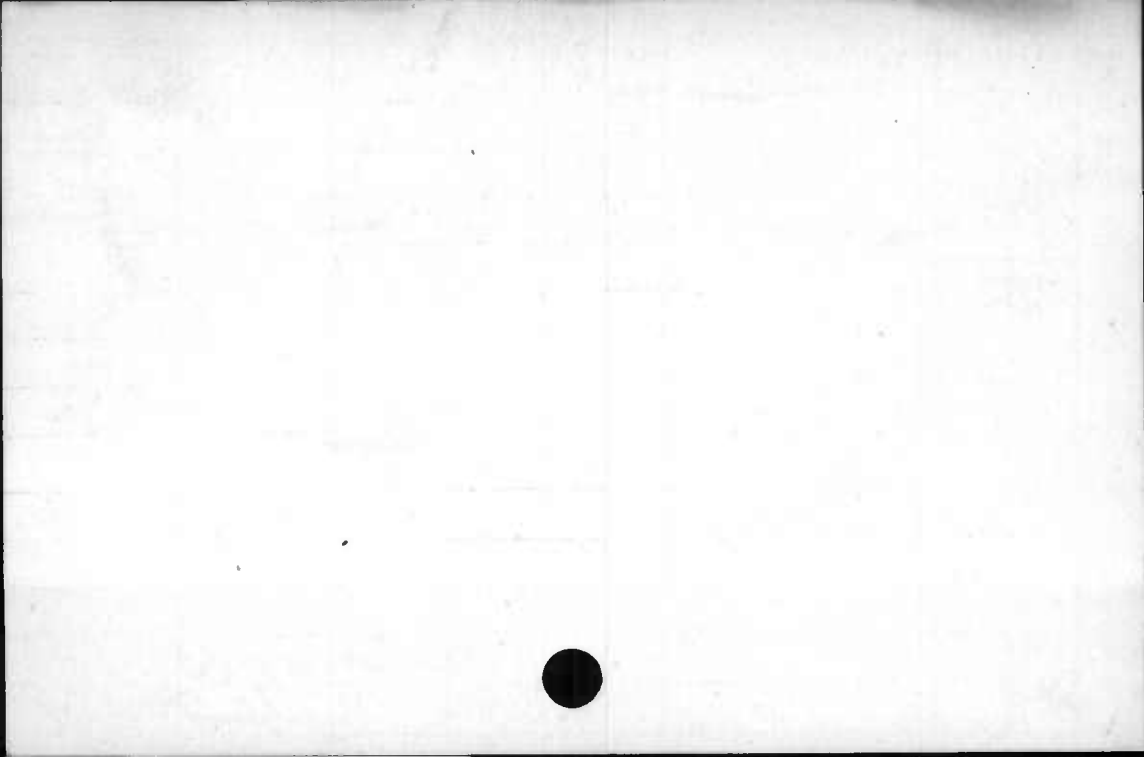
Primary *Old age* How long *2 years*

Immediate *Uraemia* How long *Weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Benge Simmons* Address *Chester town Md*

Accident or Suicide? *no*



Name
in
Full

Margaret Shewrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County Kent co		MARYLAND	
Date of death	1905	Month 1	Day 12	Age 82	Months	Days	
Sex	Female	Color or Race	White		Birth- place	Coal of	
Occupation	Housekeeper		Where Residing if not at place of death		Home of death		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				W. Carnegie		How related to deceased	
				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

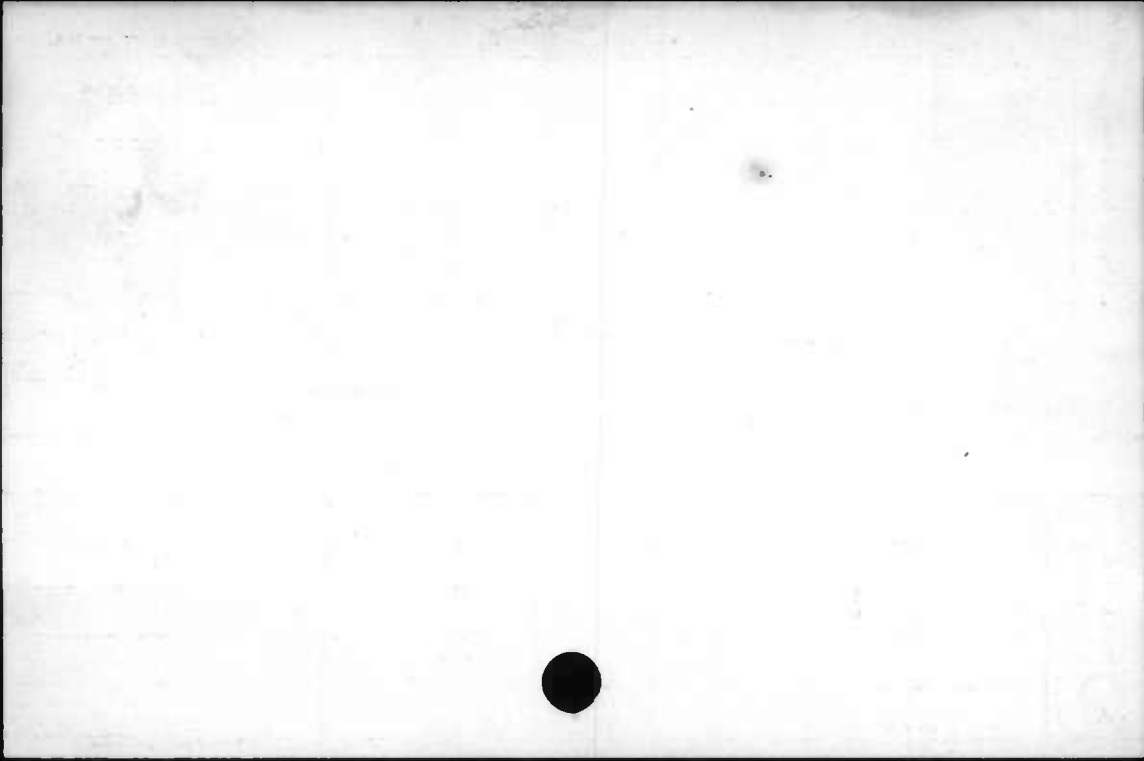
Primary	Debility - 15	How long	2 5 64
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	W. Carnegie Millington, Md
yes		Address	
Accident or Suicide?			

J L Smith

Middle town

Del

Name in Full		Annie Pearl Houston				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Goose Hill		Kent		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1905		January	5th	Age 10	10	16
		Sex		Color or Race		Birth-place		
		Female		Colored		Kent Co.		
		Occupation		Where Residing if not at place of death				
Not employed		Goose Hill						
Married, Single or Widowed		Name of Wife or Husband						
Single								
Father's Name		Father's Birthplace						
George Houston		Pomona						
Mother's Maiden Name		Mother's Birthplace						
Rachel Brown		Synch.						
Name of person giving information		How related to deceased						
George Houston		Father.						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Tuberculosis		7 months				
		Immediate		How long				
		Strangling		3 days.				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		H. Benge Simmons						
		Address						
		Chester town Ind						
Accident or Suicide?								
No								



Name
In
Full

Alexander Huston (col)

CERTIFICATE OF DEATH

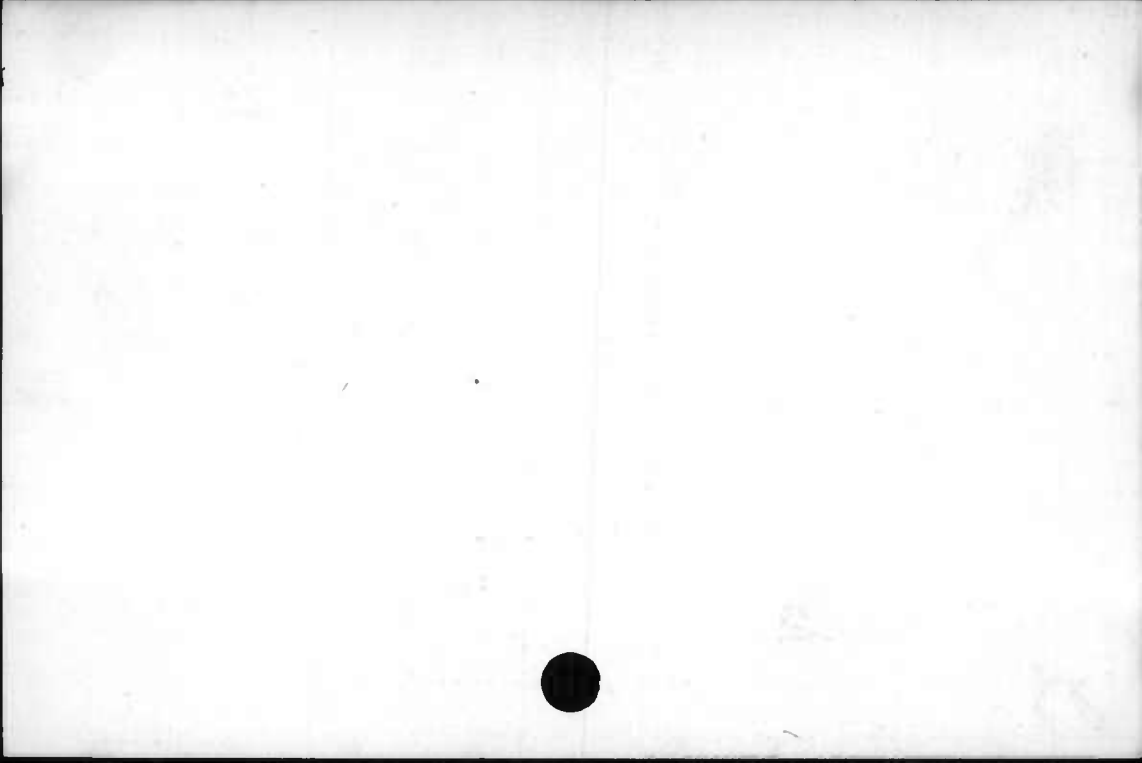
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Chesterville</i>		County <i>Kent</i>		MARYLAND	
Date of death	1905	Month	January	Day	27
Age		Years		Months	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>near Chesterton</i>	
Occupation <i>Farm Hand</i>		Where Residing if not at place of death <i>near Chesterville</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Annie Dorey</i>		Mother's Birthplace <i>near Chesterton</i>			
Name of person giving information <i>James Johnson</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Struck Dead on Road</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Ironsides, M.D.</i>
	Address <i>Acting Coroner Burlington Inst</i>
Accident or Suicide? <i>Struck Dead</i>	



Name
in
Full

Maria Snow Jessop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Laneford*County *Kent*Date of death *1905*Month *Jan*Day *17*Age *62*

Years

Months *—*Days *1*Sex *Female*Color or
Race*White*Birth-
place*Me*

Occupation

*Housewife*Where Residing if not
at place of death*at home near Laneford*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Geo Jessop*Father's
Name*Joseph Staines*Father's
Birthplace*Me*Mother's
Maiden Name*Laura Scott*Mother's
Birthplace*Me*Name of person giving
Information*Daughter - Maria Jessop*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Grippe Pneumonia

How long

10 days

Immediate

Hemorrhage & Chorea

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*St Francis Hospital**Chesham**Me*

Accident or Suicide?

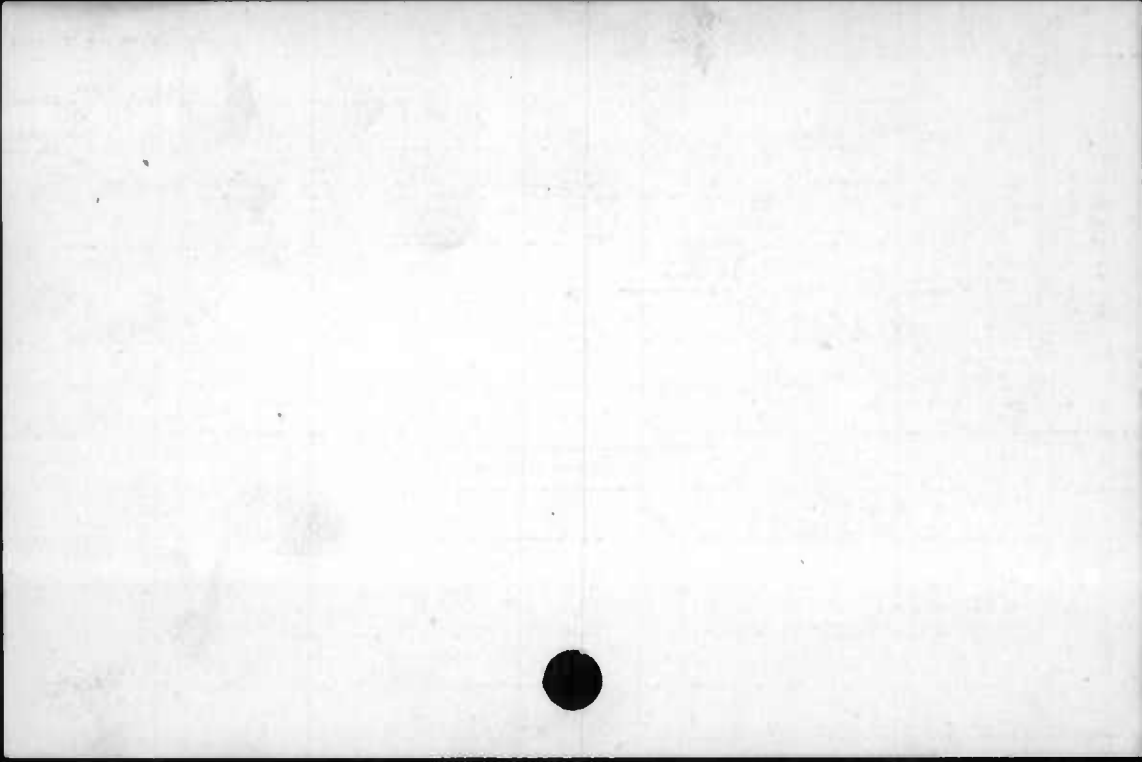
St Paul

John H Dodd

Name in Full		MAYLAND				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sankford</u> ^{Town} <u>Kent</u> ^{County}				MAYLAND	
		Date of death <u>1905</u> ^{Month} <u>Jan</u> ^{Day} <u>13</u> ^{Years} <u>Age</u> <u>5</u> ^{Months} <u>4</u> ^{Days}					
		Sex <u>Male</u> Color or Race <u>Colored</u>		Birthplace <u>Sankford</u>			
		Occupation		Where Residing If not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <u>Thos Johnson</u>		Father's Birthplace <u>Westerly</u>			
		Mother's Maiden Name <u>Hessie Smith</u>		Mother's Birthplace <u>Sankford</u>			
		Name of person giving information <u>Thos Johnson</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Most Likely Pneumonia</u>		How long <u>4 days</u>			
		Immediate <u>"</u>		How long <u>"</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. Benge Simmons</u>			
		No doctor attending the case - father's description looks like pneumonia		Address <u>Chesapeake Md</u>			
		Accident or Suicide? <u>no</u>					

John H. Dodd

Name in Full		Mary Geneva Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Eastville</u>		Town <u>Kent</u>		County <u>Kent</u>		MARYLAND
	Date of death <u>1903</u>	Month <u>July</u>	Day <u>9</u>	Age <u>3</u>	Years <u>4</u>	Months <u>4</u>	Days <u>4</u>
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Kent Co Md</u>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <u>Samuel K Johnson</u>		Father's Birthplace <u>Howard Co Md</u>				
Mother's Maiden Name <u>Louise Bentley</u>		Mother's Birthplace <u>Kent Co Md</u>					
Name of person giving information <u>Samuel K Johnson</u>		How related to deceased <u>Father</u>					
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	<u>Congestion of Lungs</u>				How long	<u>5 hours</u>
	Immediate	<u>& inhalation of steam</u>				How long	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>O. L. Long M.D.</u>		
					Address <u>Rock Hall Md.</u>		
Accident or Suicide?							



Name in Full		Still Born				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Columbia				Hart		
	Date of death		1905	Month	Jan	Day	2
	Age				Years		Months
	Sex		Male		Color or Race		Black H.
	Birthplace				Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Joseph Johnston				Father's Birthplace	
Mother's Maiden Name		Rosie Spencer				Mother's Birthplace	
Name of person giving information		Joseph Johnston				How related to deceased	
		FATHER.					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still born.		S.		How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		W. S. Maxwell.
					Address		Still Pond, Md.
	Accident or Suicide?						

collected

Name in Full

Certificate of Death

Died at

Date 1905

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

3

Mother's
Maiden Name

Primary

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Galena Ind. J. W. Latimer M.D.

LIBRARY BUREAU, 70898



Name
in
Full

Richard L. Rasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Kennedyville</i>		County <i>Kent-</i>		MARYLAND	
Date of death	1905	Month <i>Jan</i>	Day <i>24</i>	Age <i>79</i>	Months <i>7</i> Days <i>15</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Kennedyville</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Philip Rasin</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Sarah Bennett</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Mrs Anna Elizabeth Elliott.</i>			How related to deceased <i>sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterial atheroma</i>	How long <i>81</i>
Immediate <i>Heart failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature Physician <i>I. Brown Barker</i>
<i>Filed 1905</i>	Address <i>Kennedyville Md</i>
Accident or Suicide? <i>—</i>	

Worton

Name
In
Full

Mary Sewell

CERTIFICATE OF DEATH

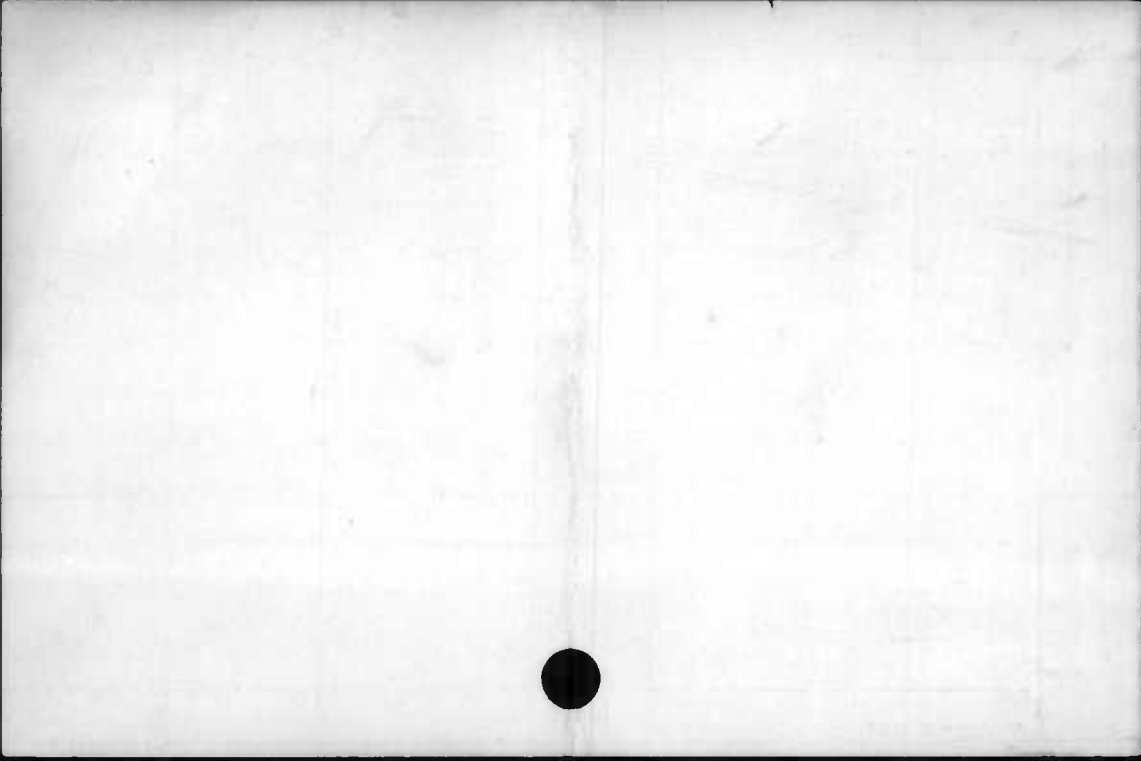
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Golds</i> Town			County <i>Kent</i>			MARYLAND		
Date of death 190 <i>5</i>		Month <i>Jan</i>	Day <i>6</i>	Age <i>about</i> 60	Years	Months	Days	
Sex <i>Female</i>			Color or Race <i>Black</i>		Birth-place <i>—</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Labourer</i>					
Name of Wife or Husband <i>—</i>								
Father's Name <i>—</i>						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information						How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease heart</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Jeter M.D.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Millington Md.</i>



Name
in
Full

Curry J. Starling

CERTIFICATE OF DEATH

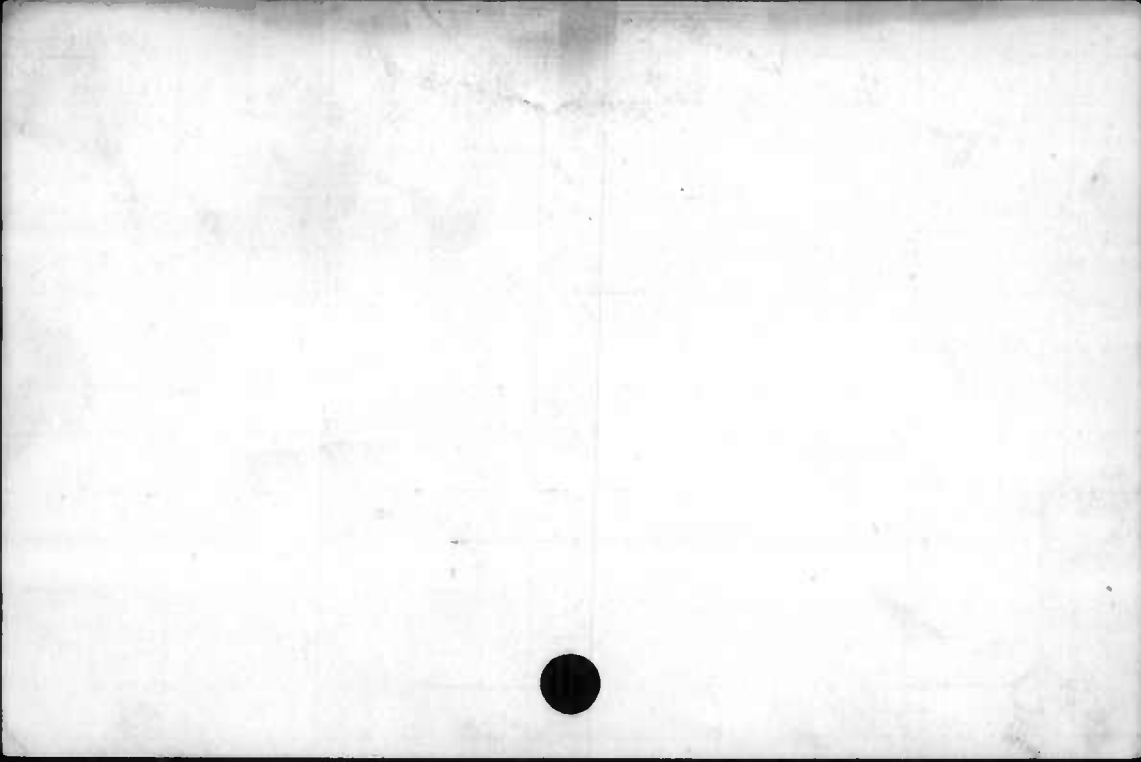
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morgues</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1906 Jan</i>	Day <i>2</i>	Age <i>3</i> Years	Months <i>10</i>	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Morgues</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Morgues</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles L. Starling</i>	Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Maggie Brown</i>	Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>Charles L. Starling</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 months</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. G. Brown / Barrick</i>
	Address <i>Kennedysville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Hannah Elizabeth Tiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Turners Creek*

Town

Kent

County

Date

of death

1905

Month

Jan

Day

7

Age

Years

11

Months

9

Days

—

Sex

*female*Color or
Race*Black*Birth-
place*md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Joseph Tiller*Father's
Birthplace*md*Mother's
Maiden Name*Mary A. Bowers*Mother's
Birthplace*md*Name of person giving
information*Joseph Tiller*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*L. P. Atwell**Still Pond**md.*

Accident or Suicide?

Still Proof

Name in Full		Lynda Walley.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Still Pond		County		Kent	
	Date of death		1905		Month		Jan	
			Day		23		Age	
			Years		—		Months	
			5		Days		5	
	Sex		female		Color or Race		Black	
	Birthplace		md		Occupation		—	
	Where Residing if not at place of death		—		Married, Single or Widowed		—	
Name of Wife or Husband		—		Father's Name		Wright Walley		
Father's Birthplace		md		Mother's Maiden Name		Eva Henry		
Mother's Birthplace		md		Name of person giving information		Wright Walley		
How related to deceased		Father		CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary		How long		1			
	Immediate		How long					
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		L. P. Atwell	
					Address		Still Pond	
							md.	
Accident or Suicide?								

Still Pond